



U.S. Department of State
**APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD
OF A CITIZEN OF THE UNITED STATES OF AMERICA**

OMB NO. 1405-0011
EXPIRES: 03/31/2019
Estimated Burden: 20 minutes

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD (USE SECTION D CONTINUATION SHEET)

INFORMATION ABOUT THE CHILD

1. Name of Child in Full

SMITH

(Last/Surname)

JOHN

(First)

KNABENA

(Middle)

2. Sex

☒ M ☐ F

3. Date of Birth

01/01/2017

(month) (day) (year)

4. Place of Birth

ACCRA

(City)

GHANA

(Country)

NOTE: (If the U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit it separately. The parent completing this application should provide as much information on the parent completing the Form DS 5507 as he or she has.)

INFORMATION ON MOTHER/FATHER/PARENT

5. Full Name

SMITH

(Last/Surname)

MARK

(First)

(Middle)

6. All Previous Legal Names Used

(Last/Surname)

(First)

(Middle)

(Last/Surname)

(First)

(Middle)

7. Sex

☒ M ☐ F

8. Date of Birth

04/03/1979

(month) (day) (year)

9. Place of Birth

ACCRA

(City)

(State/Province)

Ghana

(Country)

10. Current Physical Address (Do not list P.O. Box)
(A.P.O. Address Permitted)

12 North St

(Address Line 1)

New York, NY, USA

(City, State/Province, Country, Postal Code)

347-111-323

(Phone Number(s))

MARKSMITH@GMAIL.COM

(Email Address)

Use this address if Consular Report of Birth
will be mailed?

☐ Yes ☒ No

INFORMATION ON MOTHER/FATHER/PARENT

11. Full Name

AGYEMANG

(Last/Surname)

DORIS

(First)

NANA

(Middle)

12. All Previous Legal Names Used

(Last/Surname)

(First)

(Middle)

(Last/Surname)

(First)

(Middle)

13. Sex

☐ M ☒ F

14. Date of Birth

01/10/1982

(month) (day) (year)

15. Place of Birth

KUMASI

(City)

(State/Province)

Ghana

(Country)

16. Current Physical Address (Do not list P.O. Box)
(A.P.O. Address Permitted)

HOUSE # 11/12

(Address Line 1)

KUMASI, GHANA

(City, State/Province, Country, Postal Code)

0244-404-104

(Phone Number(s))

DAGYEMANG@YAHOO.COM

(Email Address)

Use this address if Consular Report of Birth
will be mailed?

☐ Yes ☒ No

17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.)
(You may list an A.P.O. address)

N/A

(Address Line 1)

N/A

(City, State/Province, Country and Postal Code)

SAMPLE

(Continued) INFORMATION ON MOTHER/FATHER/PARENT	(Continued) INFORMATION ON MOTHER/FATHER/PARENT																																																																																																
<p>18. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>19. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																																																																																																
MARITAL STATUS OF THE PARENTS																																																																																																	
<p>20. Were you married to the child's other biological parent when the child was born? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																																																	
<p>21. Date and Place of Marriage to the child's other biological parent and current status</p> <p style="font-family: cursive;">3 / 5 / 2015 ACCRA Ghana</p> <p style="font-size: small;">(month) (day) (year) (City) (State/Province) (Country)</p> <p> <input checked="" type="checkbox"/> Still Married <input type="checkbox"/> Divorced <input type="checkbox"/> Death ____ / ____ / ____ (month) (day) (year) ____ / ____ / ____ (month) (day) (year) </p>																																																																																																	
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<p>22. Please list any other marriages (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)</p> <p style="font-family: cursive;">MARY SMITH 1/15/2002 - 5/12/2012 (divorced) KATE BROWN 4/20/1998 - 3/12/2000 (deceased)</p>	<p>23. Please list any other marriages (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)</p> <p style="text-align: center; font-family: cursive;">N/A</p>																																																																																																
<p>24. Precise Periods of Time in United States (if additional space is needed, please use the Section D Continuation Sheet)</p> <p style="color: red; font-weight: bold;">FIRST ENTRY IN THE U.S.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Place (City, State)</th> <th style="width:20%;">Date (month-day-year)</th> <th style="width:20%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td>New York, NY</td> <td>2/23/99</td> <td>5/3/03</td> <td></td> </tr> <tr> <td>New York, NY</td> <td>6/15/03</td> <td>12/5/07</td> <td></td> </tr> <tr> <td>Boston, MA</td> <td>1/15/08</td> <td>11/3/12</td> <td></td> </tr> <tr> <td>New York, NY</td> <td>12/6/12</td> <td>2/8/14</td> <td></td> </tr> <tr><td> </td><td>From</td><td>To</td><td></td></tr> <tr><td> </td><td>From</td><td>To</td><td></td></tr> <tr><td> </td><td>From</td><td>To</td><td></td></tr> <tr><td> </td><td>From</td><td>To</td><td></td></tr> <tr><td> </td><td>From</td><td>To</td><td></td></tr> <tr><td> </td><td>From</td><td>To</td><td></td></tr> <tr><td> </td><td>From</td><td>To</td><td></td></tr> <tr><td> </td><td>From</td><td>To</td><td></td></tr> </tbody> </table> <p style="color: red; font-weight: bold;">RETURN TO THE U.S.</p>	Place (City, State)	Date (month-day-year)	From	To	New York, NY	2/23/99	5/3/03		New York, NY	6/15/03	12/5/07		Boston, MA	1/15/08	11/3/12		New York, NY	12/6/12	2/8/14			From	To			From	To			From	To			From	To			From	To			From	To			From	To			From	To		<p>25. Precise Periods of Time in United States (if additional space is needed, please use the Section D Continuation Sheet)</p> <p style="color: red; font-weight: bold;">First departure from the U.S.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Place (City, State)</th> <th style="width:20%;">Date (month-day-year)</th> <th style="width:20%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="color: red; font-weight: bold;">NEXT DEPARTURE FROM THE U.S.</p>	Place (City, State)	Date (month-day-year)	From	To																																								
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SAMPLE

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

26. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed (Specify) (if additional space is needed please use the Section D Continuation Sheet)

Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)
IRAQ	From 3/2/06	To 11/15/06
SOUTH KOREA	From 5/1/08	To 7/10/09
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

27. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed (Specify) (if additional space is needed please use the Section D Continuation Sheet)

Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

B. THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH

NOTE: If a U.S. citizen parent transmitting citizenship to the child born out of wedlock is not present, he or she may complete State Department Form DS 550 Affidavit of Parentage Physical Presence and Support and submit separately. Only the U.S. citizen father of a child born abroad out of wedlock must complete the acknowledgement of paternity and agreement to provide financial support.

28. I _____ do solemnly swear (or affirm) (check all that apply)
(Name)

☐ I am a U.S. citizen or non-citizen national. ☐ I am the father of _____
(Name of Child)

who was born on _____ in _____. ☐ My child was born out of wedlock, and I am the
(Date of Birth) (Place of Birth)

the father through whom he/she is claiming U.S. citizenship. ☐ I agree to provide financial support for this child until he/she reaches the age of eighteen

(Signature of Affiant)

SUBSCRIBED AND SWORN TO (AFFIRMED) before me this _____ day of _____, _____

(Signature and Title of Administering Officer)

N/A

(SEAL)

(Continued)

THIS SECTION TO BE COMPLETED BEFORE BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

29. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person(s) Providing Information

Relationship to the Child
(Parent, Legal Guardian, Other (Specify))

Signature of Person(s) Providing Information

Type Name and Title of Official

Signature of Official

City

Date

____/____/____
(month) (day) (year)

Subscribed to: (SEAL)

30. Approval of Consular Report of Birth

(Printed Name of Consular Officer)

(Signature of Consular Officer)

(Approving Post)

____/____/____
(month) (day) (year)
(Date of Approval)

(Registration Number)

C. FOR OFFICIAL USE

31. Documents Presented - Please mark accordingly and provide date of document. (If more space is required, list on separate page)

<input type="checkbox"/>	Child's Birth Certificate	____/____/____ (month)(day)(year)	_____ (City)	_____ (Province)	_____ (Country)
<input type="checkbox"/>	Marriage Certificate	____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)	_____ (Country)		
<input type="checkbox"/>	Divorce Decree(s)	(a) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)	_____ (Country)		
		(b) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)	_____ (Country)		
		(c) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)	_____ (Country)		
<input type="checkbox"/>	Death Certificate(s)	(a) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)	
		(b) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	_____ (Name of the Identity Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	_____ (Name of the Identity Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other (Legal Guardianship; Power of Attorney, etc.)	_____ (Name of the Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	